

Tuesday, March 20, 12

My name is Marie Paulis, RDH, MSDH. I have been a practicing registered dental hygienist for 21 years. I am currently employed at the University of Bridgeport's Fones School of Dental Hygiene as a Clinical Professor. My responsibilities include educating students while they treat patients in both our Fones clinic and at a community health center in Bridgeport.

According to the latest data gathered by the Division of Oral Health and the National Center for Chronic Disease Prevention and Health Promotion, 78.6% of Connecticut's residents over the age of 18 visited a dentist or dental clinic in 2008. According to this statistic, Connecticut ranks first among all states, having the highest percentage of its residents seeking dental care. However, upon closer examination of this statistic, it becomes alarmingly obvious that the needs of the public health population, those with the greatest disparities in receiving dental care, have not been met. Within the same report that appears to reflect our meeting the needs of Connecticut's dental population, it is reported that among those whose income is less than \$15,000, 47.9% did not receive dental care within the previous year. In addition, among those with an income between \$15,000 and \$24,999, 38.6% were lacking dental care. In contrast, 85% of those with an annual income over \$50,000 received dental care within the previous year. Therefore, our almost 80% success rate translates into an almost 50% failure rate among the poor.<sup>1</sup>

Furthermore, the report demonstrated that within the previous year, 40.1% of the African American population and 30.3% of the Hispanic population surveyed did not receive dental care, whereas the vast majority (80.7%) of Caucasians surveyed did receive dental care. Equally enlightening is the role that education level played on access to dental care. In those with less than a high school education or a high school diploma 37.7% and 28.8% respectively, did not receive dental care. In contrast, among college graduates, an impressive 85.5% visited a dentist or dental clinic in the previous year.<sup>1</sup> These statistics clearly demonstrate that we are not meeting the dental needs of our most vulnerable populations in Connecticut.

It is encouraging that the number of dental Husky/Medicaid providers in Connecticut continues to grow. We are fortunate to be living in a state that has increased its reimbursement for Medicaid dental services within the last few years. However, according to the Synopses of State and Territorial Dental Public Health Programs, in 2009, only 462 dentists had at least 1 paid dental claim.<sup>2</sup> Health Professional Shortage Areas (HPSA) are designated underserved areas for primary care, dental or mental health care. As of October 2011, there are 39 areas in the 8 counties of Connecticut designated specifically as dental professional shortage areas.<sup>3</sup> In addition, according to an article published in the Journal of Dental Education in 2008, in the State of Connecticut, there was one dental student per every 41 existing dentists and 1 dental student per every 58,505 residents.<sup>4</sup> Consequently, the gap between need for dental services and qualified providers will continue to widen.

Further substantiating the need for improved access to care in Connecticut is the existence of an event called the Connecticut Mission of Mercy. This amazing event, which will occur this weekend, is both a tribute to our volunteerism and a blatant symptom of our shortcomings. According to an article published in the Hartford Courant on March 30, 2010, "One hour before

a free dental clinic opened in Middletown on March 13, a thousand people had already lined up in the cold and rain. Some had waited since midnight. So many people showed up that the line had to be shut down before the clinic had even opened. In a state where a million people have no access to adequate dental care, the turnout wasn't surprising. But it's distressing."<sup>5</sup>

After watching the U.S. Senate subcommittee hearing, Dental Crisis in America: The Need to Expand Access, which took place on February 29, 2012, I think Maryland Senator Barbara Mikulski summed up the issues at hand in a succinct and logical statement: "For our dental establishment, I would hope they would look at what other modalities benefited from nurse practitioners and physician's assistants because it did not affect [the physician's] power, it did not affect their prestige; it did benefit patients, which we are sure every clinician is connected to, and it didn't shrink their pocketbooks."<sup>6</sup> In fact, the creation of a mid-level dental hygiene practitioner is an "...innovative way to support dentists."<sup>6</sup> Senator Mikulski also encouraged organized dentistry to consider "lessons learned" from other health models, such as the nurse practitioner and the physician's assistant, both of which were vehemently protested by physicians but have since become necessary, accepted, and well-respected professions.<sup>6</sup>

#### Resources:

1. Division of Oral Health, National Center for Chronic Disease Prevention and Health Promotion (2010). Dental visit. Retrieved from <http://apps.nccd.cdc.gov/nohss/DisplayV.asp?DataSet=2&nkey=10600&qkey=5>
2. National Center for Chronic Disease Prevention and Health Promotion (2009). Synopses of state and territorial dental public health programs. Connecticut- 2009. Retrieved from <http://apps.nccd.cdc.gov/synopses/StateDataV.asp?StateID=CT&Year=2009>
3. U.S. Department of Health and Human Services (2011). Designated dental care health professional shortage areas. Retrieved from <http://bhpr.hrsa.gov/shortage/hpsas/updates/09012011dentalhpsas.html#Connecticut>
4. Mentasti, L.E., & Thibodeau, E.A. (2008). Dental school applicant by state compared to population and dentist workforce distribution. *Journal of Dental Education*, 72(11),1290-1295.
5. Hartford Courant (March 30, 2010). Myopic budget cut. Retrieved from [http://articles.courant.com/2010-03-30/news/hc-dental-medicaid-cut-foolish.artmar30\\_1\\_dental-care-emergency-room-state-s-budget-deficit](http://articles.courant.com/2010-03-30/news/hc-dental-medicaid-cut-foolish.artmar30_1_dental-care-emergency-room-state-s-budget-deficit)
6. United States Senate Committee on Health, Education, Labor, and Pensions (2012). Subcommittee hearing- Dental crisis in America: The need to expand access. Retrieved from <http://www.help.senate.gov/hearings/hearing/?id=a4b31ccd-5056-9502-5d8c-93b8b9da5d60>